

## Factors affecting midwifery students' perceptions of spiritual care: A cross-sectional study of the Eastern Region of Turkey

Affecting midwifery students' perceptions of spiritual care

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### Abstract

**Aim:** The aim of this study was to determine the factors affecting midwifery students' perceptions of spiritual care in a particular region.

**Material and Methods:** This descriptive and cross-sectional study included 179 midwifery students. The tools used for data collection were the personal information form and the Turkish version of the "Spiritual Care-Giving Scale".

**Results:** Among the students participating in the study, 73.2% had heard of spiritual care, one-third received information about spiritual care, 78.2% did not have enough knowledge about spiritual care, and 17.9% were able to adequately meet the spiritual care needs of the individuals/patients to whom they gave a care. The spiritual care method, which was most commonly used by 82.7% of the participating students, was an empathic approach. According to midwifery students, the most serious barrier to giving spiritual care is the lack of knowledge. The mean score obtained on the Spiritual Care-Giving Scale by the participating midwifery students was  $108.50 \pm 12.46$ .

**Discussion:** The mean scale scores obtained by the students who had previously received information about spiritual care, who wanted to get more information about spiritual care, and who considered that spiritual care was important in midwifery care were found high.

### Keywords

Midwifery Student; Midwifery Education; Spirituality; Spiritual Care

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## Introduction

The most comprehensive approach in the provision of health care is the holistic approach. According to the holistic approach, a person is a whole with physical, mental, emotional, sociocultural and spiritual dimensions. This definition of holistic care is complementary to the definition of health given by the World Health Organization (WHO) [1]. With the provision of health care to individuals with a holistic approach, the spiritual dimension of healthcare has gained importance, and when care is given, not only the physical, emotional and psychosocial dimensions of care have been taken into account, but also its spiritual dimension [2]. All these dimensions that make up a human being are in constant interaction. While a problem that occurs in the physical field affects other dimensions, problems that occur in the spiritual, social and emotional dimensions can cause problems in the physical field. Therefore, in the field of health, human health should not be evaluated only from a medical point of view; all the aspects of health should be taken into account in order for the person to maintain his/her health [1,3-5]. Despite the increasing importance of spiritual care in recent years [1], the perception and definition of spiritual care vary from one health professional to another [6].

Spiritual care, which is a component of healthcare to meet the spiritual needs of patients, is also an important part of holistic health care and the provision of multi-disciplinary interventions, which assess and address the spiritual needs of patients [7]. Spiritual needs arise in situations of crisis, when an individual experiences a life-threatening illness, stress, fear of death, questions the meaning of life, and loses hope [8].

Studies show that health care providers do not know how to provide spiritual care and that they receive little training on the spiritual dimension of care, which suggests that they are poorly aware of their patients' mental needs and that their education does not provide them with sufficient information on how to give spiritual care [6]. In this respect, it is important to evaluate students' perceptions of spirituality and to determine their perspectives on related interventions so that midwives/student midwives evaluate the patients they care for to determine their spiritual needs correctly.

During midwifery applications, in particular in cases of death, pregnancy losses, termination of pregnancy, preterm birth, birth of a child with anomalies, birth and postpartum problems etc., it is important to provide care related to spiritual needs professionally. Midwives are present at moments of birth and death, as well as at other significant moments of a person's life. It is at those times, in particular, when the care provided may leave a lasting impressions on people, and this is the reason why midwives need to have the required skills and competencies to provide individual-centered, reliable and respectful holistic care [9]. In particular, Lewinson et al. (2015) have reported in a systematic review of international studies that they suggest that training programs can increase spiritual awareness and enhance nurses and midwives' confidence in their ability to provide spiritual care [10].

In midwifery education in Turkey, the concept of spiritual care and holistic care is addressed as a human need. Including spiritual care into curriculum and practices within the frame of a holistic view of health, and drawing graduated health

personnel's attention to the issue through in-service training programs are of great importance in the provision of holistic healthcare services [3].

Therefore, the present study was mainly aimed at investigating the factors affecting the midwifery students' perceptions of spirituality and spiritual care. While this cross-sectional study was performed, it was aimed to determine student midwives' awareness and perspectives of spiritual care, and the effect of midwifery education on students' perception of spiritual care. It is expected that the results of the study will guide the basic midwifery education on spiritual care.

## Material and Methods

### Participants

The study population included 198 midwifery students having an undergraduate education at a state university located in the eastern part of Turkey. Turkey is made up of seven geographical regions, each with its own geographical, political and cultural structure. Studies on this issue were mostly conducted with students in the western part of Turkey. Therefore, we wanted to perform our study in a region with a different cultural structure, and decided to do it in the Eastern Anatolia Region of Turkey. Students studying in a large and old university in this region comprised the study population.

Considering the possibility of accessing the entire study population, no sampling method was implemented. Instead, it was aimed to reach the entire study population. The study was completed with 179 of 198 midwifery students. The participation rate was 90.4%. Inclusion criteria were as follows: being a second, third and fourth year student, and volunteering to participate in the study.

The mean age of the participants was  $20.77 \pm 2.92$  (min 18; max 28) years; 35.8% of them were second year students, 34.1% were third year students, 30.2% were fourth year students, 98.3% were single and 62.6% stayed in the dormitory.

### Data Collection Tool

A two-part questionnaire was used to collect the study data. The first part of the questionnaire included closed-ended questions on the participants' demographic characteristics, such as age, marital status, year at school, and their previous experiences of spiritual care and implementation of spiritual care in educational and practical activities [11,12].

The second part included the Spiritual Care- Giving Scale (SCGS), which was developed by Tiew and Creedy [13], and whose Turkish validity and reliability study was performed by Çoban et al. [14]. While the Cronbach's alpha coefficient of the original scale was 0.86, it was 0.96 in the Turkish validity and reliability study of the scale. The scale consists of 35 items and five sub-dimensions: perceptions of spirituality, definitions of spiritual care, spiritual care practices, spiritual care attitudes and general features of spiritual care. Responses given to the items of the scale are rated on a 5-point Likert scale ranging from 1 to 5 (1=strongly disagree, 2=disagree, 3=somewhat agree, 4=agree, 5=strongly agree). The minimum and maximum possible scores to be obtained on the scale were 35 and 175, respectively. The higher the score obtained on the overall scale, the higher the participant's perception of spirituality and spiritual care is [13,14]. In the present study, Cronbach's alpha

coefficient of the scale was 0,938

### Procedures

The study data were collected between March 01 and April 15, 2019 on days during classroom hours. Participants were first informed about the purpose of the study in the classroom. Then the participants who accepted to participate in the study were asked to fill out a questionnaire and they were given 10-15 minutes to answer the questions. If there were any unclear points about the items, the researcher clarified them. Finally, they were asked to hand in the questionnaires to the researcher after answering the items.

### Dependent and independent variables

The dependent variables of the study are the Spiritual Care-Giving Scale and its subscales.

The independent variables in the study are age, the year at school, having heard of spiritual care, awareness of spiritual care, source of knowledge about spiritual care, considering that spiritual care education is necessary, willingness to learn more about spiritual care, meeting the needs of patients for spiritual care and considering that spiritual care is necessary in midwifery care.

### Statistical analysis

Statistical analysis was performed using the SPSS (version 22). The study data were presented as numbers, percentages, arithmetic mean and standard deviation. In the statistical analysis of the dependent and independent variables, the independent sample t-test and ANOVA were used. P-values less than 0.05 were considered statistically significant.

### Ethical issues

Before the study was conducted, approval from the ethics committee of the university (07/03 / 2019-20- Decision No:11) and permission from the Dean of the Faculty were obtained. The questionnaires included information about the study. Participants were also informed verbally in the classroom. To protect their privacy, the participants were asked not to write any personally identifiable information on the questionnaire.

### Results

The findings of this cross-sectional descriptive study are presented in three tables in this section.

The distribution of the mean scores obtained on the SCGS and its subscales by the participating midwifery students is shown in Table 1. The mean score they obtained from the overall SCGS was 108.50±12.46 (Min= 79, Max=130) for the overall Spiritual Care-Giving Scale, 39.11±4.28 perceptions of spirituality subscale, 19.18±3.10 for the definitions of spiritual care subscale and 25.57±3.41 for the spiritual care practices subscale. In order to better interpret these mean values, the lowest and highest scores were determined for all the subscales, and the score range was divided by three. The reason for doing this was to interpret the scores obtained from each dimension as low, moderate and high.

A comparison of the mean scores of participating midwifery students obtained from SCGS in terms of the independent variables is shown in Table 2. As can be seen in Table 2, 86.6% of the participants think that spiritual care is very important and necessary in midwifery care. While there were no differences between the participants' SCGS scores in terms

**Table 1.** The mean scores obtained from the Spiritual Care-Giving Scale (SCGS) and its subscales by the participating midwifery students

SCGS and its Subscales	Mean Score X±SD	Min-Max	Min-Max*
SCGS	108.50±12.46	79-130	35-175
<b>Subscales</b>			
Perceptions of spirituality	39.11±4.28	22-45	9-45
Definitions of spiritual care	19.18±3.10	10-25	5-25
Spiritual care practices	25.57±3.41	10-30	6 -30
Spiritual care attitudes	11.60±1.95	6-15	3-15
General features of spiritual care	52.15±6.20	35-60	11-55

\*Possible scores to be obtained from the scale and subscales

**Table 2.** Comparison of mean scores of participating midwifery students obtained from the Spiritual Care-Giving Scale (SCGS) in terms of the independent variables

Year at school	Number	%	SCGS X±SD	Test
2	64	35.8	109.73±12.38	F=0.592
3	61	34.1	108.33±12.19	p=0.554
4	54	30.2	107.24±12.96	
<b>Have you ever heard of spiritual care?</b>				
Yes	131	73.2	108.59±12.00	t=1.150
No	48	26.8	108.27±13.79	p=0.881
<b>Are you knowledgeable enough about spiritual care?</b>				
Yes	68	38.0	110.90±12.74	t=2.028
No	111	62.0	107.04±12.12	p=0.044
<b>What is the source of the knowledge about spiritual care? (n=68)</b>				
Courses given in the faculty	35	50.7		
Family	20	29.6		
Social environment	11	16.9		
Print and visual media	2	2.8		
<b>Do you think that spiritual care education is necessary?</b>				
Yes	167	93.3	108.82±12.46	t=1.273
No	12	6.71	104.08±12.16	p=0.205
<b>Would you like to get more information about spiritual care?</b>				
Yes	167	93.3	109.08±12.46	t= 2.572
No	12	6.71	98.80±7.94	p=0.011
<b>Do you think that the care you give to your patients meets their spiritual care needs?</b>				
Yes	32	17.9	111.97±12.91	F=1.645
No	41	22.9	108.59±13.13	p=0.196
Undecided	106	59.2	107.42±11.99	
<b>Do you think that spiritual care is necessary in midwifery care?</b>				
Very necessary	155	86.6	109.45±12.18	t=2.630
Moderately necessary	24	13.4	102.38±12.79	p=0.009
<b>Total</b>	<b>179</b>	<b>100.0</b>		

of variables such as year at school, hearing of spiritual care before, the opinion that spiritual care education is necessary, and meeting the needs of patients for spiritual care (p>0.05), there were differences between the participants' SCGS scores in terms of the variables such as the source of knowledge about spiritual care and the opinion that spiritual care is necessary in midwifery care (p<0.05).

As can be seen from Table 3, of the spiritual care methods, the participants mostly used 'displaying empathic approach' and 'listening to the patient'. According to the participants, the most important barriers to giving spiritual care were lack

**Table 3.** Comparison of the mean scores obtained from SCGS in terms of the methods the participants used while providing spiritual care in midwifery practices and the barriers preventing them from providing spiritual care

	Number	%	SCGS X±SD	P*
<b>What methods do you use while providing spiritual care in midwifery practices?</b>				
Displaying an empathic approach	148	82.7	109.68±12.22	0.005
Listening to the patient/pregnant woman	133	74.3	108.30±12.23	0.714
Providing a calm environment	120	67.0	109.55±11.52	0.109
Providing psychological support	97	54.2	108.93±12.64	0.621
Preparing an environment for spiritual practices	42	23.5	108.86±11.09	0.834
Playing relaxing music	24	13.4	109.88±11.06	0.564
Reading aloud to a patient	18	10.1	107.78±12.54	0.796
<b>What are the barriers preventing you from providing Spiritual Care?</b>				
Lack of knowledge	157	87.7	108.40±12.25	0.772
Problems in communicating with the patient	130	72.6	109.12±11.94	0.280
Lack of comfortable environments	110	61.5	110.02±12.13	0.040
Prioritization of physical care	85	47.5	109.65±12.73	0.244
Lack of time	84	46.9	108.00±13.09	0.613
Low (Lack of) self esteem	83	46.4	109.95±11.89	0.149
Not being guided by the educator/nurse	78	43.6	110.35±11.32	0.082
Unwillingness	65	36.3	109.72±11.49	0.324
<b>Total**</b>	<b>792</b>	<b>100.0</b>		

\* t-test \*\* More than one answer.

of knowledge, communication problems with the patient and lack of a comfortable environment. Comparison of the spiritual care methods applied by the participants with their mean SCGS scores demonstrated that there was a statistically significant difference between the mean SCGS scores obtained by the participants who used the 'displaying empathic approach' method and those of the participants who did not use the same method.

## Discussion

It is important that for health professionals to provide patients with holistic care, to understand and evaluate spirituality and spiritual care well [15]. The participants' scores were moderate for the overall SCGS and the definitions of spiritual care subscale, and high for the perceptions of spirituality and spiritual care practices subscales. In a study conducted with nursing and midwifery senior students to whom the Spirituality and Spiritual Care Rating Scale (SSCRS) was administered, the students' spirituality and spiritual care levels were high [11]. In a study conducted with midwifery students assigned the same scale, students' spirituality and spiritual care scores were high too. However, there are studies in which the participants' spirituality and spiritual care scores were low [16]. The mean scores the participating students obtained on the SCGS subscales were high in our study, indicating that they are aware of spiritual care. However, the SCGS scores vary from study to study. This is probably due to the fact that the studies have different samples and that measurements are performed with different measurement tools.

Three out of every four midwifery students participating in

the study had heard about spiritual care, and about one-third stated that they did not have enough knowledge about spiritual care. In the studies by Mermer et al. [11] and Karadag Arli et al. [17], the rate of the participants who received information about spiritual care prior to their education was lower than in the present study. A review of the literature demonstrated that findings varied from one study to another. For instance, the rate of the midwifery students who had heard of spiritual care was 77.1% in Mermer et al.'s study [11] and 60% in Gönenç et al.'s study [18].

Almost all of the midwifery students who participated in the study stated that education on spiritual care was necessary and that they wanted to be more knowledgeable about spiritual care. This finding reveals the need for information about spiritual care in the vocational education process, and shows that the course content should involve spirituality and spiritual care more. In Daghan et al.'s study [12], the majority of nursing students stated that the concepts of spirituality and spiritual care should be included in the course content more. In Lewinson et al.'s study [10], nurses and midwives stated that they were ready to provide spiritual care and that they were eager to receive further education. Research has shown that nurses/midwives experience spiritual awareness more and feel more competent in providing spiritual care after participating in training programs on spiritual care [19].

Awareness of midwifery students about the spiritual care needs will improve the quality of holistic and individual midwifery care. Within this context, Callister et al. reported that many nurses hesitate to assess patients' spiritual needs and to encourage patients to pay more attention to their spiritual health and spirituality because they lack the knowledge and experience to do so [20]. Within this context, only 17.9% of the participants stated that they met the spiritual needs of the patients to whom they gave care, but 59.2% stated that they were unsure whether they met their patients' spiritual care needs. Spiritual care is more complex than physical care. This is due to the broad, abstract, value-laden and multidimensional structure of spirituality. Therefore, it is not easy for students to understand spirituality, and thus they are not competent enough to meet the spiritual needs of patients. In Eglence et al.'s study [4], 40.6% of the participating nurses stated that they were able to meet the spiritual care needs of the patients they gave care. In the present study, according to the participants' statements, the methods they mostly tried to use to meet the the patients' spiritual care needs were 'displaying an empathic approach, listening to the patient/pregnant woman and providing a peaceful environment. In the study, it was determined that the students tried to fulfill such components of the SCGS as empathic approach, active listening, creating an appropriate environment, and interacting with the individuals to whom they cared for during their training. These behaviors of the students are consistent with the mean scores they obtained from the subscales of the SCGS. In a literature review, it has been observed that similar applications have been performed, and that the results of those studies reviewed were consistent with our findings [4,11]. In another literature review, it was reported that the use of spiritual interventions yielded positive results in terms of promoting health status and minimizing disease

symptoms among Muslim patients [21].

As stated by the participants in the present study, the most important barrier to giving spiritual care was the lack of knowledge. Other barriers were communication problems with the patient, lack of comfortable environments, and prioritization of physical care. These results were similar to those of other studies [4,13,15]. These results suggest that training programs should include more courses on spiritual care to eliminate the lack of education among students, and educational activities aimed at eliminating communication barriers should be organized more.

Most patients have a spiritual life and regard their spiritual health and physical health as equally important. Furthermore, people may have greater spiritual needs while they are sick [22]. The participants' scores obtained from the SCGS were compared in terms of the variables: "willing to get more information" and "considering that spiritual care is necessary in midwifery care", and the result was statistically significant ( $p < 0.05$ ). The scores obtained from the SCGS by the participants who wanted to learn more about spiritual care and considered that spiritual care was very important in midwifery care were significantly higher.

#### Limitations of Study

The results of the present study cannot be generalized to all midwifery students in Turkey. The data were collected based on the participants' self-reports. Another limitation is that although several scales have been developed to investigate topics such as spiritual care, spiritual care perceptions, etc., in addition, it has also not been questioned whether the participants have encountered a situation/event requiring spiritual care before midwifery education, and whether they needed spiritual care.

#### Conclusion

The mean scores the participants obtained from the SCGS were compared in terms of the factors affecting their perceptions of spiritual care such as the year at school, receiving information about spiritual care, considering that spiritual care education is necessary, meeting the spiritual care needs of patients to whom they give care, but no significant correlation was determined. However, the mean scores obtained by the students who had previously received information about spiritual care, who wanted to get more information about spiritual care and who considered that spiritual care was important in midwifery care were significantly higher. Since they are always in close relationship with pregnant women, midwives can maintain those women's integrity. Therefore, midwifery education should be designed in such a way that it could ensure the spiritual development of students and improve their ability to meet the spiritual needs of patients.

The present study provides preliminary information on the spirituality, and spiritual care perspectives of midwifery students. Further studies should be performed to determine the best way to teach midwifery students spiritual care both in the classroom and during clinical practices, and to identify barriers to the improvement of students' spiritual care skills. Clinical settings provide students with numerous experiences to explore dimensions of spirituality, and midwives working in clinical areas should be role models for students. Thus, students who

will become midwives in the future will be able to increase their awareness, knowledge and skills about the concepts related to spirituality and spiritual care, and they will be able to provide spiritual care to their patients after being entitled to become a midwife.

#### Scientific Responsibility Statement

The authors declare that they are responsible for the article's scientific content including study design, data collection, analysis and interpretation, writing, some of the main line, or all of the preparation and scientific review of the contents and approval of the final version of the article.

#### Animal and human rights statement

All procedures performed in this study were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. No animal or human studies were carried out by the authors for this article.

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#### Conflict of interest

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